

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000357

1. Corporation Name

FLORIDA BEHAVIORAL HEALTH, INC.

Principal Place of Business

5707 NORTH 22ND STREET
TAMPA FL 33610

Mailing Address

5707 NORTH 22ND STREET
TAMPA FL 33610

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33831-1559

POLK

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1992

5. FEI Number

65-0379675

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BROWN, MARSHA L	12512 BRUCE B DOWNS BLVD	TAMPA FL
D	LACEY, BERT	1745 HWY. 17 SOUTH	BARTOW FL
D	RUIZ, MARY	391-6TH AVENUE W	BRADENTON FL
D	RICE, JULIAN	5707 N. 22ND STREET	TAMPA FL
D	HAYES, KATHY	200 AVENUE F NE	WINTER HAVEN FL 33881
D	JAMES, BILL	4630 N 56TH STREET	TAMPA FL 33610

8. Name and Address of Current Registered Agent

RICE, JULIAN
5707 N 22ND ST
TAMPA FL 33610

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

400008977324

Suite, Apt. #, Etc.

11/14/02--01005--013 **61.25

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/6/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/02 (863)534-7020
Date Daytime Phone

8136

CR2E040 (8/02)

FLORIDA BEHAVIORAL HEALTH, Inc.

November 4, 2002

Manatee Glens
P.O. Box 9478
Bradenton, FL 34206
(941) 741-3111

Mental Health Care, Inc.
5707 N. 22nd Street
Tampa, FL 33610
(813) 272-2244

Behavioral Health Division
Winter Haven Hospital
200 Avenue F, NE
Winter Haven, FL 33881
(941) 294-7056

Northside Mental Health Center
12512 Bruce B. Downs Blvd.
Tampa, FL 33612
(813) 977-8700

Peace River Centers
1745 Hwy. 17 South
Bartow, FL 33830
(941) 534-7020

Attn.: Bert Lacey
Peace River Center
Post Office Box 1559
Bartow, Florida 33831-1559

Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

To Whom It May Concern:

Please be advised that Florida Behavioral Health, Inc. did not receive the first two notices for renewal of the Uniform Business Report for this Corporation. Therefore, we would greatly appreciate your waiving the \$175.00 reinstatement fee that is required for placing the Corporation in good standing. We have enclosed the renewal fee of \$61.25. Please contact us if further payment is required.

Sincerely,

Mr. Julian Rice
President / Registered Agent


Mr. Bert Lacey
Treasurer

BL/jcp

Cc: Mr. Julian Rice
Ms. Tonya Gray